**Reference No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST form FOR accounting certifications**

**Customer Information**

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| Name : Ms / Mrs / Mr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Former Regular, Casual & Contractual Employee Former MOA/JO worker Contact No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office/Bureau/Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Required supporting documents:****1.* ***Former DSWD employee must submit****:**• Filled-up request form;**• Photocopy of government-issued ID for the former employee.**2.* ***Authorized representative must submit****:**• Filled-up request form;**• Authorization letter from the former employee;* *• Photocopy of government-issued ID for the former employee and the authorized representative.****Note: Only request with complete documents will be accepted.*** |

**Service Information**

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| 1. **For Former Employee**

Request issuance of Certification for:Last Salary ProcessedPag-IBIG Contributions and Remittances Pag-IBIG Loan Amortizations Withheld and RemittancesPhilhealth Contributions and Remittances (maximum of 1 year) GSIS Contributions and Remittances GSIS Loan Amortizations Withheld and Remittances | 1. **For Former MOA/JO worker**

Request issuance of Certification for:Last Cost of Service (COS) Processed  |

 Request Form (DSWD-FMS-GF-001)

**CLAIM STUB FOR REQUEST form FOR accounting certifications**

**Reference No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Release :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Time of Release :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Look for **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact No.: Central Office/ Field Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@dswd.gov.ph***Presentation of the following documents upon claiming of the Certification:****1.* ***Former DSWD employee:****• Claim Stub or Printed Email Acknowledgement Receipt**2.* ***The Authorized representative:****• Authorization letter for the representative, if claimed by person other than the former employee, together with the photocopy of the latter’s government-issued ID.****Note: NO FEES are to be paid on the request certification*** |